Development of Performance Measures for the EMSC Program Detail Sheet for Performance Measure #68d

The integration of EMSC priorities into existing EMS or hospital/healthcare facility statutes/regulations.

GOAL

MEASURE

DEFINITION

By 2011, all five EMSC priorities will have been integrated into existing EMS statutes/regulations.

The integration of EMSC priorities into existing EMS or hospital/healthcare facility statutes/regulations.

Calculation: Calculation of this measure involves completing the attached Data Collection Form. Indicate whether all five EMSC priorities have been integrated into existing EMS or hospital/healthcare facility statutes and regulations. If all five priorities have <u>not</u> been integrated into existing EMS or hospital/healthcare facility statutes and regulations, please indicate on the form the progress your State/Territory has made towards integrating EMSC priorities into the EMS or hospital/healthcare facility statutes and regulations using the scale provided.

Definition of Terms:

EMSC

The component of EMS that addresses pediatric and adolescent needs, and the Program that strives to ensure the establishment and permanence of that component.

Priorities

The priorities of the EMSC Program include the following five areas:

- Pre-hospital provider agencies in the State/Territory have on-line and off-line pediatric medical direction at the scene of an emergency for Basic Life Support (BLS) and Advanced Life Support (ALS) providers.
- Pre-hospital provider agencies in the State/ Territory have the essential pediatric equipment and supplies, as outlined in AAP/ACEP Joint Guidelines for BLS and ALS ambulances.
- The existence of a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric emergencies.
- 4. Hospitals in the State/Territory have written inter-facility agreements that specify alternate care sites that have the capabilities to meet the clinical needs of critically ill and injured pediatric patients and inter-facility guidelines that specify the following:
 - Transportation of individuals, staff, and equipment to the alternate care site
 - Transfer of individual necessities (for example, medications, medical records) to and from the alternate care site
 - Individual tracking to and from the alternate care site
 - Inter-facility communication between the organization and the alternate care site



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5. The adoption of requirements by the State/Territory for pediatric emergency education for the recertification of paramedics.

EMSC STRATEGIC OBJECTIVE

Related to Strategic Objectives 6 and 7:

- Objective 6: Ensure that integration of health services meets children's needs.
- Objective 7: Promote institutionalization of EMSC through legislation and regulation.

DATA SOURCE(S)

Data Sources:

- State/Territory EMS rules, regulations, codes, or policies
- Refer to Exhibit 2 for examples of supporting documentation

Process to Collect Data For This Measure:

The following are potential data sources for collecting supporting documentation for this measure. Supporting documentation will be necessary to demonstrate either: 1) integration of one or more of the EMSC priorities into the EMS or hospital/healthcare facility statutes and regulations, or 2) progress towards integrating EMSC priorities into the EMS or hospital/healthcare facility statutes and regulations (if none of the EMSC priorities have been integrated).

A data source and an example of supporting documentation for those States/Territories that have integrated *one or more* of the EMSC priorities into the EMS or hospital/healthcare facility statutes and regulations is provided first, followed by examples of supporting documentation for those States with *none* of the five EMSC priorities integrated into the EMS or hospital/healthcare facility statutes and regulations.

Potential Data Source for Collecting Supporting Documentation for Those States with <u>One or More</u> of the EMSC Priorities Integrated into EMS or Hospital/Healthcare Facility Statutes and Regulations

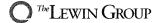
State/Territory EMS Rules, Regulations, Codes, or Policies: Your State/Territory's EMS or hospital/healthcare facility Rules, Regulations, Codes, or Policies may contain requirements related to the EMSC priorities.

- Review your State/Territory's EMS or hospital/healthcare facility Rules, Regulations, Codes, or Policies on an annual basis for requirements related to the EMSC priorities.
- Supporting documentation for the measure may include a copy of the EMS or hospital/healthcare facility Rules, Regulations, Codes, or Policies stating requirements related to the EMSC priorities.

Potential Supporting Documentation for Those States with None of the EMSC Priorities Integrated into EMS or Hospital/Healthcare Facility Statutes and Regulations

As stated above, supporting documentation is also required to demonstrate progress made towards integrating EMSC priorities into the EMS or hospital/healthcare facility statutes and regulations. Refer to the attached Data Collection Form for the scale that will be used to indicate the progress your

IMPLEMENTATION PROCESS



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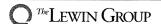
State/Territory has made towards integrating EMSC priorities into the EMS or hospital/healthcare facility statutes and regulations. The type of supporting documentation to submit to HRSA will depend on where your State falls on the scale. **Exhibit 2** below provides examples of supporting documentation that your State/Territory may submit to HRSA by each point on the scale.

IMPLEMENTATION CONSIDERATIONS

This is a long-term measure that may require instituting regulatory changes; changes that may take a significant amount of time to accomplish. To address this issue, States/Territories have until 2011 to meet the measure and can report their progress along the way by reporting a numeric value of where they are on the scale of the measure (see attached Data Collection Form).

SIGNIFICANCE

For the EMSC Program to be sustained in the long-term and reach permanence, it is important for the Program's priorities to be integrated into existing State/Territory EMS or hospital/healthcare facility statutes and regulations. Integration of the EMSC priorities into EMS or hospital/healthcare facility statutes/regulations will help to ensure pediatric emergency care issues and/or deficiencies are being addressed State/Territory-wide for the long-term.



Appendix Development of Performance Measures for the EMSC Program Detail Sheet for Performance Measure #68d

Exhibit 2: Examples of Supporting Documentation by Point on Scale

Point on Scale	Supporting Documentation
0 = No EMSC priorities are integrated into	No supporting documentation is needed
existing EMS or hospital/healthcare facility	
statutes/regulations.	
1 = While no EMSC priorities are integrated into	Task force meeting minutes; partnership/alliance
existing EMS or hospital/healthcare facility	agreements; needs assessment documents
statutes/regulations, some progress has been	
made towards integrating any of the EMSC	
priorities into existing EMS or hospital/healthcare	
facility statutes/regulations through preparatory	
activities (e.g., assembly of a task force,	
establishment of partnerships and alliances, and	
conduct of a needs assessment).	
2 = While no EMSC priorities are integrated into	Copies of 1) bill(s) drafted, and/or 2) proposal(s)
existing EMS or hospital/healthcare facility	for integrating the EMSC priorities into EMS
statutes/regulations, further progress has been	statutes and regulations, and/or 3) State's
made towards integrating any of the EMSC	Administrative Register that includes information
priorities into existing statutes/regulations (e.g.,	on the status of the bill (s)
meetings with legislators have occurred, a bill has	
been drafted, proposals for integrating the EMSC	
priorities into existing EMS or	
hospital/healthcare facility statutes/regulations	
are moving forward).	



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Data Collection Form for Performance Measure #68d

1. Have all five EMSC priorities been integrated into existing EMS or hospital/healthcare facility

statutes/regulations?
☐ YES ☐ NO
<i>Note</i> : If "Yes," attach supporting documentation for the measure to your EMSC continuation application.
2. If "No," please indicate the point on the scale below that best reflects the progress your State/ Territory has made towards integrating EMSC priorities into EMS or hospital/healthcare facility statutes/regulations:
$0 = \underline{\text{No}}$ EMSC priorities are integrated into existing EMS or hospital/healthcare facility statutes/regulations.
1 = While no EMSC priorities are integrated into existing EMS or hospital/healthcare facility statutes/regulations, some progress has been made towards integrating any of the EMSC priorities into existing EMS or hospital/healthcare facility statutes/regulations through preparatory activities (e.g., assembly of a task force, generation of partnerships and alliances, conduction of a needs assessment).
2 = While no EMSC priorities are integrated into existing EMS or hospital/healthcare facility statutes/regulations, further progress has been made toward integrating any of the EMSC priorities into existing statutes/regulations (e.g., meetings with legislators have occurred, a bill has been drafted, proposals for integrating the EMSC priorities into existing EMS or hospital/healthcare facility statutes/regulations are moving forward).
3 = One to two EMSC priorities are integrated into existing EMS or hospital/healthcare facility statutes/regulations.
4 = Three to four of EMSC priorities are integrated into existing EMS or hospital/healthcare facility statutes/regulations.
Score on Scale: (e.g., 1)
Note: Attach documentation (see Exhibit 2) to support this score with your EMSC continuation application.
Comments:

